

AMENDED IN ASSEMBLY APRIL 7, 2003
AMENDED IN ASSEMBLY MARCH 12, 2003
AMENDED IN ASSEMBLY FEBRUARY 27, 2003

CALIFORNIA LEGISLATURE—2003–04 REGULAR SESSION

ASSEMBLY BILL

No. 195

**Introduced by Assembly Member Chan
(Coauthors: Assembly Members Chavez, Diaz, Lowenthal, and
Pavley)**

January 27, 2003

An act to amend Sections 51890 and 51913 of the Education Code,
relating to health education.

LEGISLATIVE COUNSEL'S DIGEST

AB 195, as amended, Chan. Health education.

(1) Existing law requires the Department of Education to prepare and distribute to school districts guidelines for the preparation of comprehensive health education plans and programs. Existing law defines a comprehensive health education program as an educational program offered in kindergarten and grades 1 to 12, inclusive, that ensures that pupils receive instruction on making decisions in matters of personal, family, and community health, including, among other subjects, nutrition.

This bill would specify that pupils may receive instruction on, among other topics, preventative health care. The bill would further specify that the instruction on nutrition may include instruction on related topics such as obesity and diabetes. The bill would prohibit participating entities from marketing their services when undertaking

activities related to the program *and would define marketing as the making of a communication about a product or service with the purpose to encourage the purchase or use of the product or service.*

(2) Existing law requires that the State Board of Education establish standards and criteria to be used in the evaluation of comprehensive health education plans submitted by school districts. Existing law requires that the plans provide for, among other things, the utilization and participation of health care professionals.

This bill would specify that the health care professionals should represent the varied fields of health care, including voluntary collaborations with managed health care and health care providers.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 51890 of the Education Code is
2 amended to read:

3 51890. (a) For the purposes of this chapter, “comprehensive
4 health education programs” are defined as all educational
5 programs offered in kindergarten and grades 1 to 12, inclusive, in
6 the public school system, including in-class and out-of-class
7 activities designed to ensure that:

8 (1) Pupils will receive instruction to aid them in making
9 decisions in matters of personal, family, and community health, to
10 include the following subjects:

11 (A) The use of health care services and products.

12 (B) Mental and emotional health and development.

13 (C) Drug use and misuse, including the misuse of tobacco and
14 alcohol.

15 (D) Family health and child development, including the legal
16 and financial aspects and responsibilities of marriage and
17 parenthood.

18 (E) Oral health, vision, and hearing.

19 (F) Nutrition, which may include related topics such as obesity
20 and diabetes.

21 (G) Exercise, rest, and posture.

22 (H) Diseases and disorders, including sickle cell anemia and
23 related genetic diseases and disorders.

24 (I) Environmental health and safety.

(J) Community health.

(2) To the maximum extent possible, the instruction in health is structured to provide comprehensive education in health that includes all the subjects in ~~subdivision (a)~~ *paragraph (1)*.

(3) The community actively participates in the teaching of health including classroom participation by practicing professional health and safety personnel in the community.

(4) Pupils gain appreciation for the importance and value of lifelong health and the need for each individual to take responsibility for his or her own health.

(5) School districts may voluntarily provide pupils with instruction on preventative health care, including obesity and diabetes prevention through nutrition education.

(b) Health care professionals, health maintenance organizations, health care providers, and other entities participating in a voluntary initiative with a school district may not market their services when undertaking activities related to the initiative. *For purposes of this subdivision, "marketing" is defined as making a communication about a product or service that is intended to encourage recipients of the communication to purchase or use the product or service.*

SEC. 2. Section 51913 of the Education Code is amended to read:

51913. The plan for a comprehensive health education program shall include a statement setting forth the district's educational program for health education on a districtwide basis. The State Board of Education shall establish standards and criteria to be used in the evaluation of plans submitted by school districts. The standards and criteria for review and approval of plans by the State Board of Education shall include, but not be limited to, provision for:

(a) Assessment of the health educational needs of the pupils.

(b) Defined and measurable program objectives and methods of assessing the effectiveness of the program.

(c) Coordination of all district resources with the objectives of the plan.

(d) Utilization of health care professionals representing, at the school district's option, the varied fields of health care, including voluntary collaborations with managed health care and health care providers; local public and private health, safety, and community

1 service agencies; and other appropriate community resources in
2 the development and implementation of the plan.

3 (e) Direct participation of health care professionals
4 representing, at the school district's option, the varied fields of
5 health care, including voluntary collaborations with managed
6 health care, health care providers, and local public and private
7 health, safety, and community service agencies in the course
8 evaluation.

9 (f) Staff development and in-service training.

10 (g) Evaluation of the program by the governing board of the
11 school district with the assistance of administrators, teachers,
12 parents, pupils, and participants in the program from the
13 community.

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